



PATENT
450117-02753

AF/2674
2700

#13/C

(N.E.)

B.D.

RECEIVED

MAR 22 2003

ENTERED
Technology Center 2600

6/2/04

B.D.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Jens WILDHAGEN
Serial No. : 09/691,337
For : METHOD AND DEVICE TO RETRIEVE RDS
INFORMATION
Filed : October 18, 2000
Examiner : Minsun Oh Harvey
Art Unit : 2644

745 Fifth Avenue
New York, NY 10151

Do Not Enter
4/19/04
I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Mail Stop AF Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450, on March 16, 2004.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

D. M. Smid

Signature

March 16, 2004

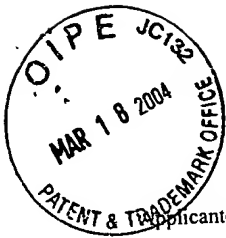
Date of Signature

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated January 16, 2004, please amend the above-
identified application as follows:



PATENT
450117-02753

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Jens WILDHAGEN
Serial No. : 09/691,337
For : METHOD AND DEVICE TO RETRIEVE RDS INFORMATION
Filed : October 18, 2000
Examiner : Minsun Oh Harvey
Art Unit : 2644

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAR 22 2003

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Technology Center 2600

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	32	Minus	** = 32	* 0 x	\$18 (9)	= \$ 0
Independent claims	7	Minus	*** = 7	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

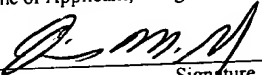
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on March 16, 2004.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative


Signature

March 16, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: 

Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800

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